

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/576,298
	Filing Date	February 15, 2007
	First Named Inventor	Matti Korpela
	Art Unit	1651
	Examiner Name	Susan Emily Fernandez
	Attorney Docket Number	150026.472USPC

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number **00500**

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	

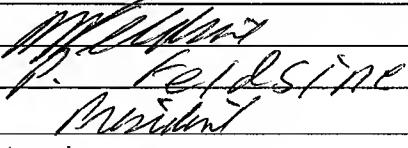
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,
to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	23/06/10
Name			
Title and Company (Assignee)	President BioControl Systems, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Rev_POA.DOC